

COOPERATIVE BREAST CANCER TISSUE RESOURCE

FORM 2 - APPLICATION FORM FOR U.S. GOVERNMENT AGENCIES

I. Agreement for use of tissues provided from the Cooperative Breast Cancer Tissue Resource (CBCTR)

On behalf of the United States Government, I assume all risks and responsibility in connection with the receipt, handling, storage, and use of tissues received from the Cooperative Breast Cancer Tissue Resource. I also agree that the tissues to be provided by the Cooperative Breast Cancer Tissue Resource will be used for research purposes only. Tissues and their products shall not be sold or used for commercial purposes, nor will tissues be distributed further to third parties for purposes of sale or producing for sale, cells or cell products. The tissues are provided as a service to the research community without warranty of merchantability or fitness for a particular purpose or any other warranty, express or implied. I, as the investigator receiving these tissues, also assume full responsibility for informing and training all personnel in the dangers and procedures for safe handling of these and all other human tissues. The United States assumes liability for any claims, damages, injury or expense arising from the use of the material or any derivative, but only to the extent provided under the Federal Tort Claims Act (28 U.S.C. Chapter 171).

II. Acknowledgment Agreement

I hereby agree to make the study results available to the scientific community and to acknowledge the contributions of the Cooperative Breast Cancer Tissue Resource in all publications resulting from the use of these tissues. Recommended wording to the methods or acknowledgment section is: Tissue samples were provided by the Cooperative Breast Cancer Tissue Resource which is funded by the National Cancer Institute.

BY MY SIGNITURE I AGREE TO THE TERMS SET FORTH IN AGREEMENTS I & II ABOVE

Typed Name of Recipient

Institution

Typed Name of Official Authorized
to Sign for the Institution

Signature of Recipient

Date

Division or Department

Authorized Signature

Date

If you have any specific questions concerning your application, please contact Dr. Roger Aamodt at (301) 496-7147.